. *								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000  09/680669													069	
, 		CLAIMS AS	FILED - PART I (Column 1) (Colu					MALL YPE	AALL ENTITY			OTHER THAN		
TOTAL CLAIMS							Γ	RATE	T	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8	BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			27 min	us 20=	. 7		Ī	X\$ 9=			OR	X\$18=	126	
INDEPENDENT CLAIMS			3 mi	nus 3 =				X40=			OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT						+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL			OR	TOTAL	421	
4 CLAIMS AS AMENDED - PART II								1017			Un	OTHER	THAN	
1	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL	-	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 27	Minus	**	<i>3</i> 7	=		X\$ 9=	=		OR	X\$18=		
	Independent	NTATION OF M	Minus	***	<u> </u>	= 0	T	X40=			OR	X80€	170	
L	rino: rhese	NIAHON OF MI	OLITPLE DEF	ENDEN	CLAIM			+135=	-		ΟR	+270=		
								TOT.			OR	TOTAL ADDIT, FEE	7.20	
6-25-04 (Column 1) (Column 2) (Column 3)									CE <b>L</b>	<del></del>		AUUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.27	Minus	6	17	=	١	X\$ 9=	<u>.</u>		OR	X\$18=	_	
	Independent	NTATION OF MI	Minus	*** C	S AIM	-		X40=			OR	X80=	).	
╚			Jem et de	LIVELIVI	ODAN	_/		+135=			OR	+270≈		
							Δ1	TOT.			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											-	7.0011.1 22		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9≃	.		OR	X\$18=		
	Independent		Minus	***	A	=		X40=	十		OR	X80≈		
╙	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	+		OR	+270=		
:	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								AL			TOTAL		
***		mber Previously P	aid For" IN THI	S SPACE	is less tha	in 3, enter "3."	AE	DDIT. FE			OR	ADDIT. FEE	L	